



PATENT
IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: RUDY, Richard J.)
Serial No.: 10/645,291) Examiner: BUI, Bryan
Filed: 08/20/2003) Art Group Unit: 2863
For: COMPUTERIZED DIETETIC SCALE) Docket No. P3198

AMENDMENT AND RESPONSE

Honorable Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

This is an Amendment in response to an Office Action dated 14 September 2004. A response is due 14 December 2004. A check in the amount of \$225 is enclosed in payment of 5 additional claims (2 additional claims were added and paid for with the Preliminary Amendment that was filed on 18 September 2003 and 3 claims are cancelled in this amendment)

Repln. Ref: and OP/extra independent claim. It is believed that no other fee is presently due to maintain this application in full force and effect, but if any such fee is due, please charge this to Deposit Account No. 08-1254.

AMENDMENTS

Amendments to the Claims are reflected in the listing of claims which begins on page 2 of this paper.

Remarks/Arguments begin on page 9 of this paper.

Adjustment date: 03/07/2005
12/21/2004 ZJUHA1 00000039 081254 10645291
01 FC:2201 275.00 CR -225.00 DP

12/21/2004 ZJUHA1 00000039 081254 10645291
01 FC:2201 275.00 DA 225.00 DP

03/07/2005 TSTEPT0E 00000006 081254 10645291
01 FC:2202 125.00 DA
02 FC:2201 100.00 DA

claims are now allowable as stated in the Office Action, and that the rejection of the claims under 35 USC §102(e) has consequently been overcome.

c. Conclusion

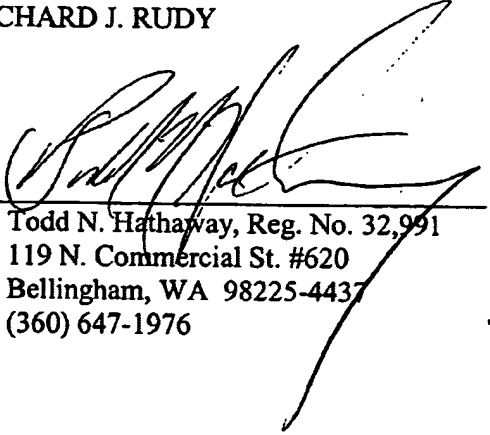
Applicant respectfully requests reconsideration of the present application in view of the amendments and remarks set forth herein. It is believed that the claims are now in condition for allowance. If there is any matter that can be expedited by consultation with Applicant's attorney, such would be welcome. Applicant's attorney can normally be reached at the telephone number given below.

Signed at Bellingham, County of Whatcom, State of Washington this 14th day of December 2004.

Respectfully submitted,

RICHARD J. RUDY

By



Todd N. Hathaway, Reg. No. 32,991
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(360) 647-1976

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2004

Application or Docket Number

10/645291

CLAIMS AS FILED - PART I

	(Column 1)	(Column 2)
TOTAL CLAIMS		
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	minus 20 =	*
INDEPENDENT CLAIMS	minus 3 =	*
MULTIPLE DEPENDENT CLAIM PRESENT <input type="checkbox"/>		

* If the difference in column 1 is less than zero, enter "0" in column 2

12-20-04 CLAIMS AS AMENDED - PART II

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	* 27	Minus ** 28	= 5
Independent	* 4	Minus *** 3	= 1
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	*	Minus **	=
Independent	*	Minus ***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	*	Minus **	=
Independent	*	Minus ***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

SMALL ENTITY TYPE ☐

OR OTHER THAN SMALL ENTITY

RATE	FEE		RATE	FEE
BASIC FEE	395.00	OR	BASIC FEE	790.00
x 25		OR	x 50	
x 100		OR	x 200	
+ 180		OR	+ 360	
TOTAL		OR	TOTAL	

RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
x 25	125	OR	x 50	
x 100	100	OR	x 200	
+ 180		OR	+ 360	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
x 25		OR	x 50	
x 100		OR	x 200	
+ 180		OR	+ 360	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
x 25		OR	x 50	
x 100		OR	x 200	
+ 180		OR	+ 360	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	